## SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ☐ Agent Print your name and address on the reverse Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? ☐ Yes 1. Article Addressed to: ☐ No If YES, enter delivery address below: BRETT BRYSON WASATCH MTN EXCAVATING 905 N MAIN STE C3 NORTH SALT LAKE UT 84054 3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 828-13 5/049/0065 4. Restricted Delivery? (Extra Fee) ☐ Yes EB 2. Article Number 7010 2780 0002 7254 0821 (Transfer from service label) PS Form 3811, February 2004

Domestic Return Receipt

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NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.

For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS<sub>®</sub> postmark on your Certified Mail receipt is required.

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MPORTANT: Save this receipt and present it when making an inquiry.

S Form 3800, August 2006 (Reverse) PSN 7530-02-000-9047